



2014 Professional Membership Application

Return application to:
FAPSC, 150 South Monroe Street Suite 303, Tallahassee, FL 32301
Phone: (850) 577-3139 | Fax: (850) 577-3133
www.FAPSC.org | mail@FAPSC.org

PROFESSIONAL MEMBERSHIP QUALIFICATION

Professional Membership is for an individual administrator or faculty member **currently employed at a FAPSC Member institution**. If a FAPSC Professional Member becomes employed at a non-member institution, membership benefits will continue through the end of the year for which membership dues were paid.

MEMBERSHIP INFORMATION

Name: _____ Title: _____

School Name: _____

School Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____ Title: _____

E-mail: _____

** To ensure receipt of FAPSC member communications, please provide your email address. By providing/ confirming your fax number, and e-mail address, you hereby authorize FAPSC to communicate with you via facsimile at the number and/ or e-mail address provided.*

Administrators, please indicate your primary area of responsibility:

- Administration/ Management
- Admissions
- Education
- Financial Aid
- Student Services

Faculty Members, please indicate your academic discipline:

- Allied Health
- Business
- Gen. Ed.
- IT
- Other: _____

To be eligible for membership FAPSC requires signature of your immediate supervisor

Authorizing Signature: _____

DUES

Membership dues are paid annually and membership follows the calendar year.

2014 Professional Member Dues \$25

www.FAPSC.org